	COMBINED DECI	LARATION AND P WER OF ATTO	RNEY
As the below nam	ed inventor, I	hereby declare that:	
My residence to my name.	ce, post office	address, and citizenship a	re as stated below next
listed below) or	an original, the subject ma	nal, first and sole inventor first and joint inventor atter which is claimed and ad:	(if plural names are
	EAR	AND WOUND TREATMENT	
the specification checked: was filed		attached hereto unless as United States App	
or PCT Int		lication Number	
	specification,	ave reviewed and understar including the claims, as a	
I acknowle patentability as		to disclose information CFR § 1.56.	which is material to
§365(b) of any f §365(a) of any country other th below, by checking certificates, or	oreign applicate PCT Internation and the United and the box, and PCT Internation	riority benefits under 35 ion(s) for patent or invenal application which de States, listed below and process application for the process application having a facility is claimed.	ntor's certificate, or signated at least one l have also identified r patent or inventor's
Prior Foreign Appli			Priority Not Claimed
(Number)	(Country)	(Day/Mrnth/Year Filed)	
(Minber)	(Country)	(Day/Month/Year Filed)	
I hereby cla application(s) list		nder 35 U.S.C. § 119(e) of any	United States provisional
(Am) icatio	m Nimber)		(Filing Date)

ı

LITMAN LAW OFFICES, LTD: P.O. BOX 19035 ARUNGTON, VA 22215 (703) 486-1000

(Filing Date)

(Application Number)

I hereby claim the benefit und r 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number)

(Filing Date)

(Status -- patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status -- patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to pr secute this application and transact all business in the Patent and Trademark Office connected therewith.

Richard C. Litman:

Registration No. 30,868

Direct all telephone calls to:

Richard C. Litman (703) 486-1000

Address all correspondence to:

Richard C. Litman LITMAN LAW OFFICES, LTD. P.O. Box 15035 Arlington, VA 22215

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: LASELO SICHTNIK

Date: 30/06/200 pountry of Citizenship: HUNGARY

Residence: 5800 Arlington Avenue, #16J, Riverdale, NY 10471

Post Office Address: __Same

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Attorney Docket No. 10393.00

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b)) -- INDEPENDENT INVENTOR

As the below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled below and in:

TITLE OF INVENTION

BAR AND WOUND TREATMENT

X the specification filed herewith.

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

X no such person, concern or organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28 (b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the Validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

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Name of Sole or First Inventor
Signature of Sole or First Inventor

LASZLO SICHTNIK

Date 30/06/2003

Docket No. 10393.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:

APPLICANT : LASZLO SICHTNIK

SERIAL NO. : Unassigned

ART UNIT: Unassigned

FILED

: Herewith

EXAMINER: Unassigned

FOR.

: EAR AND WOUND TREATMENT

ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231

Sir:

ASSOCIATE POWER OF ATTORNEY AND APPOINTMENT OF AGENTS 37 C.F.R. 1.34(b)

Please recognize as Associate Attorneys in this case:

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Charles K. Friedman	Reg.	No.	39,195
Robert B. Lyons	Reg.	No.	40,708
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The addresses and phone numbers of the above Attorneys and Agents are the same as that of the undersigned Principal Attorney.

All previous Associate Powers are hereby revoked.

Please address all correspondence in this application to the undersigned Principal Attorney.

Respectfully submitted,

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